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|---------------------------|--------------|----------------|
| Date: December 1, 2004 | Phone Number | Fax Number |
| To: Examiner Truong LeChi | | (703) 872-9306 |
| From: Kevin J. Zilka | | |

Docket No.: NA11P096/02.015.01

App. No: 10/071,587

Total Number of Pages Being Transmitted, Including Cover Sheet: 16

Message:

Please deliver to Examiner LeChi.

Thank you,
Kevin J. Zilka

☐ Original to follow Via Regular Mail ☒ Original will Not be Sent ☐ Original will follow Via Overnight Courier

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December 1, 2004

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of:

Pantuso et al.

Application No. 10/071,587

Filed: February 8, 2002

For: EXTRACTOR SYSTEM, METHOD AND
COMPUTER PROGRAM PRODUCT FOR
MANAGING NETWORK ACCESS ON A
PER-APPLICATION BASIS

)
) Group Art Unit: 2126
)
) Examiner: LeChi, Truong
)
) Docket No. NA11P096/
02.015.01
) Date: December 1, 2004

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CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being deposited with the US Patent and Trademark Office via facsimile to fax number (703) 872-9306 on the above date.

Signed:

Erica L. Farlow

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below.

| | Claims Remaining After <u>Amendment</u> | Highest Previously <u>Paid For</u> | Present <u>Extra</u> | SMALL ENTITY <u>RATE FEE</u> | OR | LARGE ENTITY <u>RATE FEE</u> |
|---|--|--|-------------------------|---------------------------------|----|---------------------------------|
| TOTAL CLAIMS | <u>29</u> - | <u>24</u> | <u>05</u> | X09 = \$ | OR | X18 = \$90 |
| INDEP CLAIMS | <u>06</u> - | <u>06</u> | <u>00</u> | X44 = \$ | OR | X88 = \$0 |
| [] Multiple Dependent Claim Present and Fee Not Previously Paid | | | | \$0 | | \$0 |
| | | | TOTAL | \$ | | \$90.00 |



Applicant(s) believe that no Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 50-1351.
☐ Enclosed is our Check No. in the amount of \$ to cover the additional claim fee and/or extension of time fees.
☒ If the required fees are missing or any additional fees are required to facilitate filing the enclosed response, please charge such fees or credit any overpayment to Deposit Account No. 50-1351 (Order No. NA11P096). A copy of this sheet is enclosed for billing purposes.

Respectfully submitted,
Zilka-Kotab, PC

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(Revised 1/96)